Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

10023618

| CLAIMS AS FILED - P.<br>(Column 1)  |  |   |  |                     | (Column 2)                                |                  |          | SMALL ENTITY TYPE   |                        |           | OTHER THAN SMALL ENTITY |                        |
|---|--|---|--|---------------------|---|------------------|----------|---------------------|------------------------|-----------|-------------------------|------------------------|
| TOTAL CLAIMS  |  |   | / /  |                     | (30,00,00)                                |                  | r        | RATE FEE            |                        | OR<br>I I | RATE                    | FEE                    |
| FOR   |  |   | NUMBER FILED                                   |                     | NUMBER EXTRA                              |                  | ŀ        | BASIC FEE           | 370.00                 | OR        | BASIC FEE               | 740.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | /6 _ minus 20=                                 |                     | * B                                       |                  | ţ        | X\$ 9=              |                        | OR        | X\$18=                  |                        |
| INDEPENDENT CLAIMS  |  |   | 2 _minus 3 =                                   |                     | * Ø                                       |                  | t        | X42=                |                        | OR        | X84=                    | •                      |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM P                                | RESENT   |                     | 7   |                  | t        | +140=               |                        | OR        | +280=                   |                        |
| * If  | the difference                                 | in column 1 is                              | less than ze                                   | ro, ente            | r "0" in c                                | "0" in column 2  |          | TOTAL               | 370.0                  | OR        | TOTAL                   |                        |
| CLAIMS AS AMENDED - PART II   |  |   |  |                     |   |                  |          | '                   |                        |           | OTHER                   |                        |
|   | Canadalish and and and and are                 | (Column 1)                                  | Inspector territorio de mois e col Resource de | (Column<br>HIGHEST  |   | (Column 3)       | ,        | SMALL E             | -                      | OR        | SMALL                   |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |  | NUM<br>PREVI        | HEST<br>IBER<br>OUSLY<br>FOR              | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE                    | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus  | **                  | <del></del>                               | =                |          | X\$ 9=              |                        | OR        | X\$18=                  |                        |
|   | Independent                                    | * NTATION OF M                              | Minus  | ***                 | T CL AIM                                  | =  -             |          | X42=                |                        | OR        | X84=                    |                        |
| <u> </u>  | I INST FRESE                                   | INTATION OF M                               | OLITE DE                                       | FIADEIA             | , OLAHVI                                  |                  |          | +140=               |                        | OR        | +280=                   |                        |
|   |  |   |  |                     |   |                  |          | TOTAL<br>ADDIT. FEE |                        | OR        | TOTAL<br>ADDIT. FEE     |                        |
|   |  |   | NUUH. PEE                                      |                     | -   |                  |          |                     |                        |           |                         |                        |
| AMENDMENT B   |  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |  | HIGI<br>NUN<br>PREV | IMN 2)<br>HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE                    | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus  | **                  |   | .=               |          | X\$ 9=              |                        | OR        | X\$18=                  |                        |
|   | Independent                                    | *   | Minus  | ***                 | <b>-</b> a                                | =                |          | X42=                |                        | OR        | X84=                    |                        |
| L   | FIRST PRESE                                    | NTATION OF M                                | ULTIPLE DEF                                    | PENDEN              | TCLAIM                                    |                  | <b> </b> | +140=               |                        | OR        | +280=                   |                        |
|   |  |   |  |                     |   |                  | L        | TOTAL               |                        | OR        | TOTAL                   |                        |
|   |  | (Column 1)                                  |  | (Colu               | ımn 2)                                    | (Column 3)       | F        | ADDIT. FEE I        |                        | •         | ADDIT. FEE              |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |  | HIG<br>NUM<br>PREV  | HEST<br>MBER<br>IOUSLY<br>D FOR           | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE                    | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus  | **                  |   | =                |          | X\$ 9=              |                        | OR        | X\$18=                  |                        |
|   | Independent                                    | *   | Minus  | ***                 | IT CLAIR                                  | =-               |          | X42=                |                        | OR        | X84=                    |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                     |   |                  | ן י      | +140=               |                        | OR        | +280=                   |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |   |  |                     |   |                  |          | TOTAL               |                        |           | TOTAL                   | <b> </b>               |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |  |                     |   |                  |          |                     |                        |           |                         |                        |